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CONFIRMATION NO. 7194

Bib Data Sheet

SERIAL NUMBER 10/613,698	FILING OR 371(c) DATE 07/03/2003 RULE	CLASS 424	GROUP ART UNIT 1611	ATTORNEY DOCKET NO. 03-40102-US
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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/27/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	AZ	5	20	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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## TITLE

DELIVERY SYSTEM FOR TOPICAL MEDICATIONS

FILING FEE RECEIVED 1415	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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